

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		10/16/01
O.I.P.E. CLASSIFIER		49	10/26/01
FORMALITY REVIEW	TD	JC1123	11/13/01
RESPONSE FORMALITY REVIEW	A M	JC 580	02-08-02

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
.....	Allowed	I	Interference
.....	Canceled	A	Appeal
(Through numeral).....	Restricted	O	Objected

Claim	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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